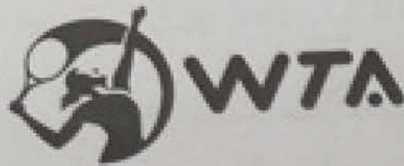


EXHIBIT 25



out of or relating to the provision of treatment, and I release WTA Tour and Authorized Persons from liability for any and all such injuries to the fullest extent permitted by law.

5. MEDICAL TREATMENT AUTHORIZATION AND CONSENT - PARENT(S) OR LEGAL GUARDIAN(S) IF PLAYER UNDER 18 YEARS OF AGE

In the event that the minor is in medical distress or in need of medical care, or if any emergency arises, whether on-site or off-site during a tournament or otherwise, involving the minor player's physical or mental health and wellness, I hereby give **Authorized Persons** full permission and authority to take such steps as are medically reasonably necessary to protect and assist the minor player in person or via telehealth. If the minor is unable to communicate during such medical emergency, I also grant permission for Authorized Persons to contact me, and if I am not available, to contact the individual(s) I have provided as the minor's alternate Emergency Contact(s). I agree to pay any hospital expenses, physician bills, and other expenses incurred as a result of any such medical emergency.

In nonemergency situations, I hereby give Authorized Representatives full permission and authority to administer and arrange treatment as needed to the minor player, including, but not limited to, athletic training treatments, medical care, physical therapy, mental health and wellness services, administration of over-the-counter-medications, and telehealth.

I understand and agree that I assume all risks associated with treatment provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of treatment, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

PLAYER

I, the undersigned Saisai Zheng have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature): [Signature] DATE: 2/12/24

If you are **NOT** a PlayerZone Subscriber, Associate Member or Full Member, please provide the following contact information:

Email: _____

Telephone: _____